**SAMPLE FOR CERTIFICATION OF NURSE ASSISTANTS OR HOME HEALTH AIDES**

# REQUEST FOR LIVE SCAN SERVICE

***Applicant Submission***

ORI: *A1226* (Code assigned by DOJ) Type of Application: *Certification*

Job Title or Type of License, Certification, or Permit: *Certified Nurse Assistant (CNA) or Home Health Aide (HHA)*

Agency Address Set Contributing Agency:

*Department of Health Services, L&C* (Agency authorized to receive criminal history information)

*03314* (Mail Code (five-digit code assigned by DOJ))

*Fingerprint Investigation Unit* (Street No. Street or PO Box)

*(leave blank)* (Contact Name (Mandatory for all school submissions))

*1615 Capitol Avenue, MS 3301, P.O. Box 997416* (City State Zip Code)

( ) *(leave blank)* (Contact Telephone No.)

*Sacramento* *CA* *95899-7416*

Name of Applicant: *Your full name* (Please print) (Last First MI)

AKA's: *Other names known as* (Last First)

CDL No.: *California Drivers License Number*

*(Check one)*

DOB: *Date of birth* SEX: ☐ Male ☐ Female

Misc. No.: BIL – *Not applicable* (Agency Billing Number (if applicable))

HT: *Height* WT: *Weight*

Misc. No.: *Your telephone number*

Eye color: *Color* Hair color: *Color*

Home Address: (Applies only if Youth Org/HRA or Public Utility Submission)

POB: *Place of birth*

*Your mailing address* (Street or PO Box)

SOC: *Social security number*

(City, State and Zip Code)

Your Number: *If initial, put CNA and/or HHA application. If renewing, put CNA and/or HHA certificate number(s).* (OCA No. (Agency Identifying No.))

Level of Service ☒ DOJ ☐ FBI

If resubmission, list Original ATI No. _____

Employer: (Additional response for Department of Social Services, DMB/CHP licensing, and Department of Corporations submissions only)

*(Leave blank)* (Employer Name)

(Street No. Street or PO Box)

*(Leave blank)* (Mail Code (five digit code assigned by DOJ))

(City State Zip Code)

( ) (Agency Telephone No. (Optional))

Live Scan Transaction Completed By: _____ (Name of Operator) Date _____

Transmitting Agency ATI No. Amount Collected/Billed

BCII 8016 (Rev 4/01) SAMPLE

**ORIGINAL–Live Scan Operator; SECOND COPY–Requesting Agency; THIRD COPY–Applicant**

**NOTE TO APPLICANT: Send the second copy of this completed form to ATCS along with a completed HS 283 B application, initial OR HS 283 C application, if renewing.**

OSP 98 16652
COMP—L-C 46 (12/03)